

<i>SERFF Tracking Number:</i>	<i>CNNB-125842066</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>DP-09-7047-AR</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Dwelling Liability - Package Credit</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: Dwelling Liability - Package Credit SERFF Tr Num: CNNB-125842066 State: Arkansas

TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: #? \$25

Sub-TOI: 04.0000 Homeowners Sub-TOI Co Tr Num: DP-09-7047-AR State Status: Fees verified

Combinations

Filing Type: Rule Co Status: Reviewer(s): Becky Harrington, Betty Montesi

Author: Matt Terrell

Date Submitted: 10/02/2008

Disposition Date: 10/08/2008

Disposition Status: Filed

Effective Date Requested (New): 04/01/2009

Effective Date (New): 04/01/2009

Effective Date Requested (Renewal): 04/01/2009

Effective Date (Renewal):
04/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/08/2008

State Status Changed: 10/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Introducing Packag Credit of 10%

Company and Contact

Filing Contact Information

SERFF Tracking Number: *CNNB-125842066* *State:* *Arkansas*
Filing Company: *The Cincinnati Insurance Company* *State Tracking Number:* *#? \$25*
Company Tracking Number: *DP-09-7047-AR*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *Dwelling Liability - Package Credit*
Project Name/Number: */*

Matt Terrell, Senior Filings Analyst matt_terrell@cinfin.com
6200 S. Gilmore Road (513) 603-5264 [Phone]
Fairfield, OH 45014 (513) 881-8885[FAX]

Filing Company Information

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Rd.	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$0.00	10/02/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$25.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	10/08/2008	10/08/2008

SERFF Tracking Number: *CNNB-125842066*

State: *Arkansas*

Filing Company: *The Cincinnati Insurance Company*

State Tracking Number: *#? \$25*

Company Tracking Number: *DP-09-7047-AR*

TOI: *04.0 Homeowners*

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Product Name: *Dwelling Liability - Package Credit*

Project Name/Number: */*

Disposition

Disposition Date: 10/08/2008

Effective Date (New): 04/01/2009

Effective Date (Renewal): 04/01/2009

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNB-125842066 State: Arkansas

Filing Company: The Cincinnati Insurance Company State Tracking Number: #? \$25

Company Tracking Number: DP-09-7047-AR

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Dwelling Liability - Package Credit

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Rules Memorandum	Filed	Yes
Rate	RULES	Filed	Yes

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	RULES	PDL-16, PDC-7	Replacement	RULES.pdf

THE CINCINNATI INSURANCE COMPANIES

DWELLING AND LIABILITY MANUAL

DWELLING RULES

27. EARTHQUAKE COVERAGE

A. Coverage Description

The policy may be endorsed to provide coverage against a loss resulting from the peril of Earthquake. This peril shall apply to all Property Coverages for the same limits provided in the policy. When added to the Fire policy, this peril shall apply to the same coverages and for the same limits that apply to the peril of Fire.

Attach Form **DA429** - Earthquake Endorsement

B. Earthquake Only Coverage

When a policy is written to cover only the peril of Earthquake:

1. Attach Form **DP 00 01** Actual Cash Value Loss Settlement or **DP 00 02** for Replacement Cost;
2. Refer to company for endorsements; and
3. Multiply the rates in this rule by a **factor** of 1.10.

C. Loss Assessment Coverage

When the policy is extended to cover loss assessment resulting from loss by this peril, the limit of liability shall be based on the insured's proportionate interest in total value of all collectively owned buildings and structures of the corporation or association of property owners. This coverage is subject to a deductible of 10% of this limit of liability in any one assessment.

The following rates per \$1,000 of insurance apply:

Earthquake Zone	Rate
2.3	\$1.90
4.5	\$1.40

Attach Form **DA430** - Loss Assessment Coverage for Earthquake Endorsement

D. Deductible

The dollar amount of the earthquake deductible is determined by multiplying either the:

Coverage **A**, **B** or **C**, whichever is greatest; or

Unit-Owners Building Items; or

Improvements, Alterations and Additions;

Limit of Insurance shown in the Declarations by the required 10% earthquake deductible.

The total earthquake deductible will not be less than the deductible stated in the Declarations. No other deductible applies to this coverage.

THE CINCINNATI INSURANCE COMPANIES
DWELLING AND LIABILITY MANUAL
DWELLING AND PROPERTY PREMIUMS COMPUTATION

7. PACKAGE CREDIT

A 10% credit applies when a Dwelling policy is packaged with a Homeowner policy.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	10/08/2008
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Comments:

Attachment:

P&CTransmittal.pdf

Satisfied -Name:	Rules Memorandum	Review Status:	Filed	10/08/2008
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Comments:

Attachment:

RuMemo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #
The Cincinnati Insurance Companies	10677

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	OH	0244-10677	31-0542366	

5. Company Tracking Number	DP-09-7047-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Matt Terrell P.O. Box 145496 Cincinnati, OH 45250-5496	Senior Analyst	513.603.5264	513.881-8885	matt_terrell@cinfin.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Matt Terrell

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Personal Lines
10. Sub-Type of Insurance (Sub-TOI)	Dwelling and Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Dwelling and Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 4/1/09 Renewal: 4/1/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	

18. Company's Date of Filing	10/2/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	DP-09-7047-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Introducing 10% package credit

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: 25.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**THE CINCINNATI INSURANCE COMPANY
ARKANSAS DWELLING/LIABILITY PROGRAM
FILING # DP-09-7047-AR
RULE MEMORANDUM**

New or Revised Page	Replaced Page	Description of Change
PDL-16 f (4/09)	PDL-16 f (1/05)	27. EARTHQUAKE COVERAGE - D. Deductible - amended to address Unit- Owners Building Items (condominium coverage) and Improvements, Alterations and Additions (tenant coverage).
PDC-7 f (4/09)	N/A	7. PACKAGE CREDIT - A 10% credit applies when a Dwelling policy is packaged with a Homeowner policy.